

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	06/06/2011 11:26	Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/07/2011 09:59.

Attachment F

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Facility:	LEW
Note Date:	11/15/2011 14:05	Unit:	C02

Medication Renewal/Review encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Zook, Kenneth PA-C
med renewal - chronic pain, itchy/burning feet

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Miconazole Cream 2%	11/15/2011 14:05	1/4" ribbon Topically -Two Times a Day x 6 day(s) -- apply to clean dry skin in affected area of foot

Indication: Infection by other and unspecified mycoses

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
75058-LEW	Ibuprofen 600 MG Tab	11/15/2011 14:05	Take one tablet by mouth three times daily with food as needed for pain x 30 day(s)

Indication: Other chronic pain

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Zook, Kenneth PA-C on 11/15/2011 14:07

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Facility:	LEW
Note Date:	11/10/2011 12:23	Provider:	Zook, Kenneth PA-C

Medication Renewal/Review encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Zook, Kenneth PA-C

Patient has mild asthma. Rx for inhaler is expired. Requests renewal. No acute symptoms.

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
69724-LEW	Albuterol Inhaler HFA (6.7 GM) 90mcg	11/10/2011 12:23	shake well and Inhale 2 puffs by mouth up to four times daily as needed x 90 day(s)

Indication: Respiratory disease (chronic) NOS

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Zook, Kenneth PA-C on 11/10/2011 12:25

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	11/10/2011 12:23	Provider:	Zook, Kenneth PA-C
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 11/10/2011 14:45.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Facility:	LEW
Note Date:	10/07/2011 09:09	Provider:	Peoria, M. PA-C

Sick Call/Triage encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Peoria, M. PA-C

C-block s/c cop-out dated 10/3/2011. C/O lower back pain, requests an appointment with the doctor.

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/07/2011	Counseling	Access to Care	Peoria, M.	No Participation

Will inform patient that his request for an appointment with the physician for LBP is denied. He should generate a sick call cop-out to his PCP.

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Peoria, M. PA-C on 10/07/2011 09:15

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

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**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	10/07/2011 09:09	Facility:	LEW
Sex:	M		
Provider:	Peoria, M. PA-C		

Cosigned by Pigos, Kevin MD/Clinical Director on 10/07/2011 12:43.

**Bureau of Prisons
Health Services**

Clinical Encounter - Administrative Note

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Facility:	LEW
Note Date:	10/06/2011 11:54	Provider:	Snyder, S. HIT C03

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Snyder, S. HIT

Received copy of clinical encounter dated 9/22/10.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Snyder, S. HIT on 10/06/2011 11:55

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Facility:	LEW
Note Date:	07/28/2011 12:06	Provider:	Hemphill, J. PA-C

Sick Call/Triage encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Hemphill, J. PA-C

Medication Renewal.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
71219-LEW	Ibuprofen 600 MG Tab	07/28/2011 12:06	Take one tablet by mouth three times daily with food as needed for pain x 30 day(s)

Indication: Other chronic pain

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 07/28/2011 12:09.

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	07/28/2011 12:06	Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 07/28/2011 14:50.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Facility: LEW
Encounter Date: 07/27/2011 16:00	Unit: D01

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Brenneman, William RN

Chief Complaint: No Complaint(s)

Subjective: Inmate evaluated due to being in ambulatory restraints.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>	
07/27/2011	16:00	LEW	84	Radial	Regular	Brenneman, William RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/27/2011	16:00	LEW	14 Brenneman, William RN

Exam:

General

Appearance/Nutrition

Yes: Appears Well, NAD, WD/WN, Alert and Oriented x 3

Affect

Yes: Cooperative

Pulmonary

Observation/Inspection

Yes: Normal

Cardiovascular

Observation

Yes: Normal Rate, Regular Rhythm

Peripheral Vascular

Arms

Yes: Radial Pulse Normal, Capillary Refill Normal

Legs

Yes: Dorsalis Pedis Normal, Capillary Refill Normal

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Facility: LEW
Encounter Date: 07/27/2011 16:00	Unit: D01

PLAN:**Disposition:**

Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/27/2011	Counseling	Access to Care	Brenneman, William	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Brenneman, William RN on 07/27/2011 16:51
 Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	07/27/2011 16:00	Provider:	Brenneman, William RN
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 07/28/2011 09:21.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Ladisic, Heather RN	Facility: LEW	Unit: D01
Encounter Date: 07/27/2011 13:34			

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

SUBJECTIVE:

INJURY 1 Provider: Ladisic, Heather RN

Date of Injury: 07/27/2011 13:34 Date Reported for Treatment: 07/27/2011 13:50

Work Related: No Work Assignment: UNASSG

Pain Location:

Pain Scale: Unavailable

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

D block cell 204

Cause of Injury (Inmate's Statement of how injury occurred):

None stated

Symptoms (as reported by inmate):

None reported

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/27/2011	13:50 LEW	96	Radial	Regular	Ladisic, Heather RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/27/2011	13:50 LEW	22	Ladisic, Heather RN

Exam:

General

Appearance/Nutrition

Yes: Appears Well, NAD, WD/WN, Alert and Oriented x 3

No: Dyspneic, Appears in Pain, Writting in Pain, Appears in Distress, Pale, Diaphoretic

Affect

Yes: Flat

Pulmonary

Observation/Inspection

Yes: Normal

No: Respiratory Distress

Cardiovascular

Observation

Yes: Normal Rate, Regular Rhythm

Peripheral Vascular

Arms

Yes: Radial Pulse Normal, Capillary Refill Normal

Legs

Yes: Dorsalis Pedis Normal, Capillary Refill Normal

ASSESSMENT:

Inmate Name: HILL, DAVID	Sex: M	Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Ladisic, Heather RN	Facility: LEW	Unit: D01
Encounter Date: 07/27/2011 13:34			

No Significant Findings/No Apparent Distress

I/M placed into ambulatory restraints. Verbalized no medical complaints. No signs of trauma noted. Good distal pulses and capillary refill <2 seconds in all extremities.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Restraint checks

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/27/2011	Not Done		Ladisic, Heather	No Participation

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Ladisic, Heather RN on 07/27/2011 14:01
 Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	07/27/2011 13:34	Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 07/28/2011 11:44.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Facility: LEW
Encounter Date: 07/21/2011 13:30	Unit: D01

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

SUBJECTIVE:

INJURY 1 **Provider:** Potter, L. EMT-P

Date of Injury: 07/21/2011 13:30 **Date Reported for Treatment:** 07/21/2011 13:30

Work Related: No **Work Assignment:** UNASSG

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

Unknown

Cause of Injury (Inmate's Statement of how injury occurred):

Checked for SIS

Symptoms (as reported by inmate):

No comments made

OBJECTIVE:

Exam:

General

Appearance/Nutrition

Yes: Appears Well, NAD, WD/WN, Alert and Oriented x 3

No: Lethargic, Obtunded, Stuporous, Appears in Pain, Appears in Distress, Disheveled, Unkempt, Acutely
III

Affect

Yes: Flat

No: Cooperative

Use of force team used to remove I/N from cell. Injury assessment report done. No signs of trauma noted. I/M did not verbalized any medical complaints. I/M returned to cell without incident.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/21/2011	Not Done		Potter, L.	No Participation

Inmate Name: HILL, DAVID
Date of Birth: 05/16/1971
Encounter Date: 07/21/2011 13:30

Sex: M Race: BLACK
Provider: Potter, L. EMT-P

Reg #: 12585-007
Facility: LEW
Unit: D01

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 07/21/2011 13:45

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

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**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	07/21/2011 13:30	Provider:	Potter, L. EMT-P
		Facility:	LEW

Cosigned by Santos, Elizabete D.O. on 07/22/2011 08:40.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Facility:	LEW
Note Date:	07/11/2011 09:59	Provider:	Snyder, S. HIT

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Snyder, S. HIT

Inmate received copies of clinical encounters dated 12/2/10 and 12/3/10.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Snyder, S. HIT on 07/11/2011 10:00

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	HILL, DAVID		Reg #:	12585-007
Date of Birth:	05/16/1971	Sex:	M	Race:BLACK
Note Date:	06/06/2011 11:26	Provider:	Hemphill, J. PA-C	
		Facility:	LEW	
		Unit:	D03	

Medication Renewal/Review encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Hemphill, J. PA-C

Medication Renewal.

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
57852-LEW	Ibuprofen 600 MG Tab	06/06/2011 11:26	Take one tablet by mouth three times daily with food as needed for pain x 30 day(s) -- refill x 2

Indication: Other chronic pain

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 06/06/2011 11:27

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	06/06/2011 11:26	Provider:	Hemphill, J. PA-C
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/07/2011 09:59.

UNITED STATES DISTRICT COURT FOR THE MIDDLE
DISTRICT OF PENNSYLVANIA - DISTRICT

DAVID E. HILL
PLAINTIFF

✓

CIVIL NO. 3: CV-11-1609
(Conway, J.)

HARLEY LAPPIN, et. al.,
DEFENDANT

CERTIFICATE OF SERVICE

A TRUE COPY HAS BEEN MAILED TO THE U.S. ATTORNEY
OFFICE AT 228 WALNUT STREET, P.O. BOX. 11754
HARRISBURG, PA. 17108-1754, THIS 6th OF MARCH 2012

ATTACHED EXHIBITS TO BRIEF IN SUPPORT OF
PLAINTIFF'S OPPOSITION TO DEFENDANTS MOTION
TO DISMISS AND FOR SUMMARY JUDGMENT

A ADDRESSEE:

WESLEY P. PAGE
ASSISTANT U.S. ATTORNEY
228 WALNUT STREET
P.O. BOX. 11754
HARRISBURG, PA. 17108

DAVID E. HILL